

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 178  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township Christmas or Village \_\_\_\_\_  
City Christmas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Damian Conchas

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>5. No., in order of birth.</u>	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Feb. 12, 1930</u> Month Day Year
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8. FATHER

Full name Manuel Conchas

9. Residence  
(Usual place of abode) Christmas  
If non-resident, give place and state. Arizona

10. Color or race

Mexican

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mexico

13. Occupation

Nature of industry

Minor

14. MOTHER

Full maiden name Josepha Encinas

15. Residence Christmas  
(Usual place of abode) Arizona  
If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Sonora

(State or country) Mexico

19. Occupation

Nature of industry

House wife

20. Number of children of this mother. 2

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living one  
(b) Born alive but now dead one  
(c) Stillborn None

21. Were precautions taken against oph-  
thalmia neonatorum?  
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6.50 A.m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature \_\_\_\_\_

Physician

(Physician or Midwife).

Given name added from  
a supplemental report \_\_\_\_\_

Month, day, year

Address Christmas Arizona

Filed April 10, 1931

Registrar

Registrar

432-212-152